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Health Risk Factors: How ACT residents shape up

According to results from the 2004-05 National Health Survey (NHS), 59% of ACT residents aged 15 years and over rated their health as either very good or excellent.

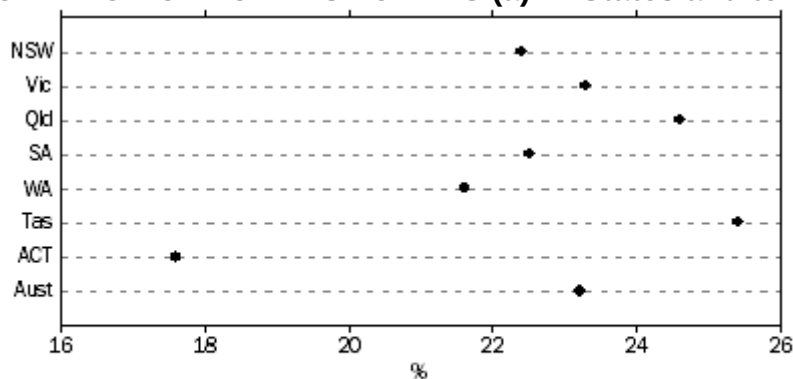
While the NHS contains a large amount of data on a broad range of health topics, this article concentrates on the five key Health Risk Factors identified within the survey (namely: smoking, alcohol consumption, exercise, body mass and selected dietary indicators). All statistics in this article refer to persons aged 18 years and over.

Data collected within the NHS on health risk factors are based on respondents' self assessments which may impact on results. Previous surveys indicate a tendency for respondents to under-report their alcohol consumption levels and understate their weight, but overstate their height.

SMOKING

The ACT had the lowest percentage of smokers of all states and territories. Fifteen percent of the ACT population aged 18 years and over smoked on a daily basis, while a further 2% indicated other smoking habits. This compares with national averages of 21% and 2%, respectively. Tasmania had the highest proportion of smokers (25% of persons aged 18 years and over).

GRAPH 1. PERCENTAGE OF TOTAL SMOKERS (a) — States and territories, 2004-05



(a) Population aged 18 years and over

Source: National Health Survey: Summary of Results, Australia, 2004-05 (cat. no. 4364.0)

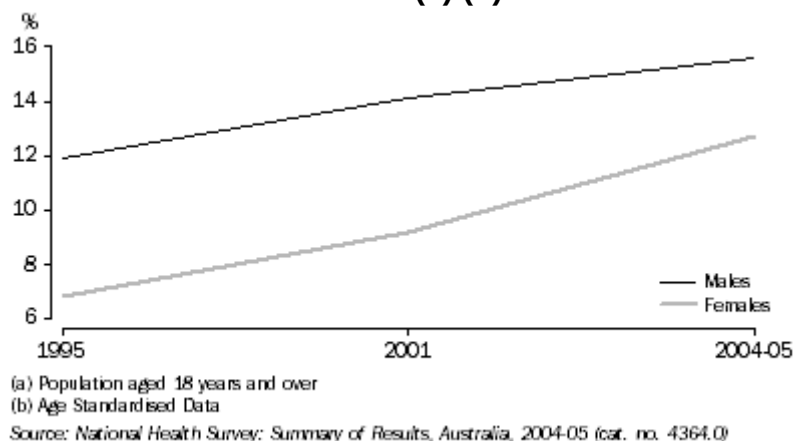
The proportion of ACT residents who were non-smokers in 2004-05 (including 'never smoked' and 'ex-smokers') was higher than the national average (82% and 77% respectively). Half of all ACT residents aged 18 years and over in 2004-05 had never smoked, while one in three (33%) considered themselves ex-smokers. This compares with national averages of 47% and 30%, respectively.

ALCOHOL CONSUMPTION

Alcohol consumption patterns for ACT residents were slightly higher than the national average.

More than half (53%) of all ACT residents aged 18 years and over reported that they consumed alcohol at low risk levels, compared with a national average of 49%. The ACT also had a similar proportion to the national average of residents consuming alcohol at levels considered risky (9% and 8% of persons aged 18 years and over, respectively). A greater percentage of ACT males and females over 18 years reported that they drank at risky and high risk levels in 2004-05 than in 1995.

GRAPH 2. ALCOHOL CONSUMPTION IN ACT (a) (b) — Males and Females, 1995 - 2004-05

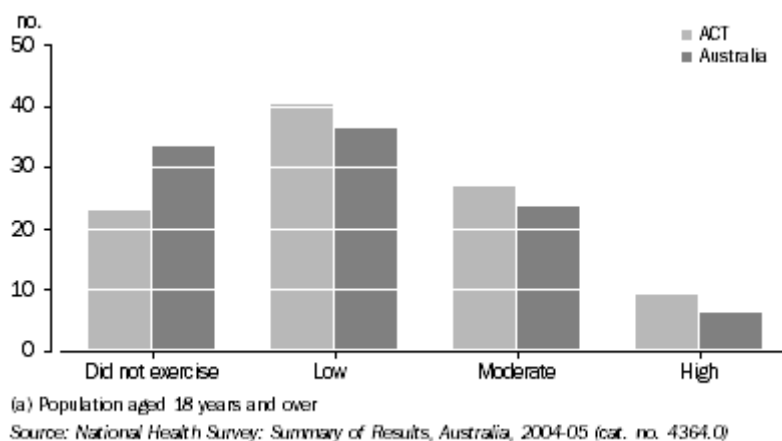


EXERCISE LEVELS

Of all the states and territories, the ACT had the largest proportion of residents with 'high' exercise levels (9% of persons aged 18 years and over) and the lowest proportion of residents who reported they did not exercise (23%).

Forty percent of ACT residents aged 18 years and over reported their exercise levels as 'low', compared with a national average of 36%.

GRAPH 3. EXERCISE LEVELS IN ACT AND AUSTRALIA (a), 2004-05



Within the ACT there appeared to be a greater willingness by males than females to participate in exercise. Forty-two percent of males aged 18 years and over considered their exercise levels to be 'moderate' or 'high', compared with 30% of females.

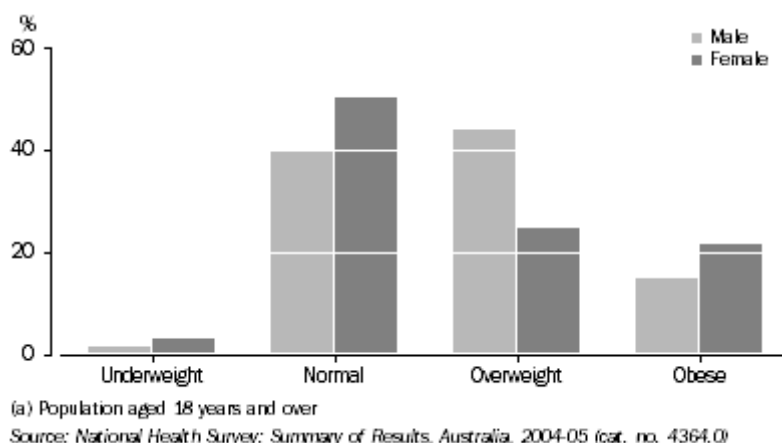
BODY MASS

Four categories of Body Mass Index (BMI) were used in this survey including 'underweight', 'normal', 'overweight' and 'obese'. Both male and female ACT residents aged 18 years and over followed national trends in BMI (**see end note**).

Excluding those for whom BMI could not be derived, females had a higher percentage of 'underweight' persons (3%) than males (1%), yet had a higher percentage (7 percentage points) of 'obese' persons. The peak BMI for females fell within the 'normal' category (50%), however for males the most highly represented category was 'overweight' (44%). The largest BMI gap between male and female ACT residents was 'overweight' (44% of males aged 18 years and over, compared with 25% of females)

Between the 1995 NHS and the 2004-05 NHS there has been an increase in the proportion of males and females reporting an 'overweight' or 'obese' BMI (7 and 9 percentage points respectively). Male 'overweight' and 'obese' BMI's increased from 49% in 1995 to 56% in 2004-05, while female BMI's increased from 33% to 42%.

GRAPH 4. BODY MASS INDEX OF MALES AND FEMALES IN THE ACT (a), 2004-05



There was a higher incidence of particular conditions reported in conjunction with 'overweight' and 'obese' BMI's. These include diabetes mellitus, hypertensive disease and high cholesterol.

SELECTED DIETARY INDICATORS

ACT residents reported similar levels of fruit consumption to the national average, with 46% eating less than two serves of fruit per day, the recommended adult amount. Vegetable consumption in the ACT was in line with the national average with three the most frequent number of servings per day. Some care should be taken in interpreting the data on fruit and vegetable intake due to the difficulties respondents had in estimating the quantities consumed.

FURTHER INFORMATION

Further information from the NHS can be obtained from National Health Survey: Summary of Results, Australia, 2004-05 (cat. no. 4364.0), available from the ABS web site.

End Note

Body Mass Index (BMI): Calculated from reported height and weight information using the formulated weight (kg) divided by the square of height (m). To produce a measure of the

prevalence of overweight or obesity in adults, BMI values are grouped according to the table below, which allows categories to be reported against both the World Health Organisation (WHO) and National Health and Medical Research Council (NHMRC) guidelines.

2004-05

Underweight - Less than 18.5

Normal range - 18.5 - less than 25.0

Overweight - 25.0 - less than 30.0

Obese - 30.0 and greater

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